New Software Requirements Initiative for Third Party Billing Accounts Receivable

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Information System Advisory Council Meeting
April 2008

Requirements Gathering

- Contractor Battelle Memorial
- Two face to face Meetings
- June 2007, Phoenix, AZ
- August 2007, Portland, OR
- Conference Calls July, August, September
- Documentation Complete October 2007

- Representation from:

Phoenix Area Office
Tuba City Indian Medical Center
California Area Office
Northern Valley Indian Health Center, CA
Eastern Aleutian Tribes, AK
Tanana Chiefs, AK
Alaska Native Medical Center
WW Hasting, OK
Portland Area Office
Office of Resource Access and Partnerships
Office of Information Technology
Chickasaw Nation
Bemidji Area

Findings

- Over 400 requirements identified with 100 of them related to reports

- Recurring theme "need a user- friendly" application

- User would like more automation to promote the efficiency of claims

- Differences in Business Process between Tribal and Federal programs merit different software requirements

Potential Alternatives

- Replace the existing RPMS Practice Management Software (i.e. Registration, Scheduling, Third Party Billing, Accounts Receivable, Pharmacy Point of Sale etc.) with a fully integrated Commercial Off The Shelf (COTS) software that includes full practice management capabilities

- Replace only the Third Party Billing and Accounts Receivable applications with COTS software, interfacing with RPMS to extract the data required to generate claims, track accounts receivable, and manage the collections

- Upgrade existing RPMS applications to meet the needs of all types of users (Federal, Tribal, Urban Health Programs)

- Provide both an upgraded RPMS capability for Federal users and a standard OIT-supported COTS package for Tribal users

Next Steps

- Research and Analysis to support the four Alternative Scenarios requires:
  - Gap Analysis of the Requirements
  - Market Analysis of Practice Management Software
  - Produce a Business Strategy Alternatives
- Performance Work Statement for this work sent to GSA March 2008

ORAP Influences on IT Initiatives

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Office of Resource Access & Partnerships

- Division of Contract Care and the Division of Business Office Enhancements are a partnership component within this Office

- Primary responsibility
  - increasing revenue through billing and collections
  - purchasing quality health care from the private sector within a limited contract care budget

Role in influencing IT projects

- ORAP is the Business Owner of the following Practice Management Software Applications:
  - Third Party Billing
  - Accounts Receivable
  - Patient Registration
  - Point of Sale
  - Contract Health Service
  - Referred Care Information System

- ORAP functions as the liaison between the field and OIT

ORAP assist with funding for Human Resources

- Federal liaison
- Contract Project Manager
- Contract Software Developers
- Contract User Support and Training Instructors
- Alpha/Beta Sites

ORAP Technical Advisory Groups (TAG)

- TAG's are formed with representation from each Area Office. Membership includes federal and tribal staff considered subject matter experts (SME)
- Existing Technical Advisory Groups
  - Patient Registration TAG
  - Third Party & Accounts Receivable TAG
  - Pharmacy Professional Specialty Group
  - CHS/RCIS Workgroup

ORAP and OIT Partnership

- Requirements gathering through soliciting information from the SME and end users of all types (I/T/U) to build software requirements

- Prioritize Requirements

- Share knowledge of Regulatory guidelines from CMS, Medicaid, and private insurers, CCHIT, HITSP, HIPAA, etc.

- Resolve and when necessary incorporate help desk tickets to coding requirements

Challenges

- Prioritization of Requirements
- Regulatory requirements are priority (NPI)
- Requirements within Projects are prioritized to consider:
  - Scope
  - Schedule
  - Resources
    (These three elements are never equal in priority)

Questions?